

**CORRECTIVE ACTION PLAN COVERING NON-COMPLIANCE WITH
PROVISIONS OF CONTRACT**

A. STATE: Indiana B. COUNTY: _____ C. CONTRACT NO.: _____

D. PARTICIPANT(S):

E. DETAILS OF NON-COMPLIANCE: ☐ Involuntary ☐ Voluntary

Comments

F. DID PARTICIPANT(S) APPLY OR COMMENCE A PRACTICE WITHIN THE FIRST 12 MONTHS AFTER CONTRACT APPROVAL?

- ☐ Yes.
- ☐ No. State Conservationist granted waiver; however participant did not comply within extension limits provided by the waiver.
- ☐ No. State Conservationist did not provide a waiver.

G. CONTRACT REVIEWS CONDUCTED ON: _____

H. NATURE AND EFFECT OF NON-COMPLIANCE WITH PROVISIONS OF CONTRACT:

- ☐ Does Not Warrant Termination of the Contract of Agreement. Mutually agreed-upon actions and a reasonable timeframe have been established for the participant(s) to comply with the contract provision. **Provide details in Section I.**
- ☐ Warrants Termination of the Contract or Agreement.
- ☐ Participant Requests Contract Cancellation (participants request attached.)

I. ACTIONS TO REMEDY/TIMEFRAME

Note: Contract modifications must adhere to policy, be fully documented, and indicate whether the action was due to voluntary/involuntary actions on the part of the participant.

